

07 APR -2 PM 12:18

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Commins	Lesley	Savage	(916) 324-4779
MAILING ADDRESS (May use business address)	CITY	STATE	ZIP CODE
1000 G St Rm 450	Sacramento	CA	95814
			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Managed Risk Medical Ins Co

Division, Board, District, if applicable:

Your Position:

Exec Director

 If filing for multiple positions, list additional agency(ies)/
 position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)
☒ State

☐ County of

☐ City of

☐ Multi-County

☐ Other

3. Type of Statement (Check at least one box)
☐ Assuming Office/Initial

Date:

☒ Annual: The period covered is January 1, 2006,
 through December 31, 2006.

-or-

☐ The period covered is through
 December 31, 2006.

☐ Leaving Office Date Left: (Check one)

☐ The period covered is January 1, 2006, through
 the date of leaving office.

-or-

☐ The period covered is through
 the date of leaving office.

☐ Candidate

4. Schedule Summary

Total number of pages

including this cover page: 1

 Check applicable schedules or "No reportable
 interests."

 I have disclosed interests on one or more of the
 attached schedules:

 Schedule A-1 ☐ Yes - schedule attached
 Investments (Less than 10% Ownership)

 Schedule A-2 ☐ Yes - schedule attached
 Investments (10% or greater Ownership)

 Schedule B ☐ Yes - schedule attached
 Real Property

 Schedule C ☐ Yes - schedule attached
 Income, Loans, & Business Positions (Income Other than Gifts
 and Travel Payments)

 Schedule D ☐ Yes - schedule attached
 Income - Gifts

 Schedule E ☐ Yes - schedule attached
 Income - Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

 I have used all reasonable diligence in preparing this
 statement. I have reviewed this statement and to the best
 of my knowledge the information contained herein and in any
 attached schedules is true and complete.

 I certify under penalty of perjury under the laws of the State
 of California that the foregoing is true and correct.

Date Signed

 April 1, 2007
 (month, day, year)

Signature

(File the original signed statement with your filing official.)